

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date: Aug 25 2016
Bayfield Co. Zoning Dept.

Permit #: 17-0104
Date: 5-24-16
Amount Paid: \$650
Refund: 9-2-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Dave + Kathy Boister Mailing Address: Grand View, WI Z City/State/Zip: Grand View, WI Z Telephone:

Address of Property: 48575 Old Grade Rd Contractor Phone: Plumber: Cell Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715 794 2126 Agent Mailing Address (include City/State/Zip): 44930 County Road Cable Written Authorization Attached: ☐ Yes ☐ No

PROJECT LOCATION: BMW Builders PIN: (23 digits) 715 794 2126 44930 County Road Cable Recorded Document: (i.e. Property Ownership) Volume 1140 Page(s) 474

Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 12 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage

Section 20, Township 44 N, Range 5 W Town of: Grand View

☒ Shoreland ☐ Non Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Grand View Distance Structure is from Shoreline: 1564 feet ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Grand View Distance Structure is from Shoreline: 1564 feet ☐ No

☐ Is Property in Floodplain Zone? ☐ Yes ☐ No Are Wetlands Present? ☐ Yes ☐ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>50,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cable</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> <u>Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 22 Width: 30 Height: 14

Proposed Construction: Length: 22 Width: 30 Height: 14

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/> Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Putting basement under house</u>	<input type="checkbox"/> Accessory Building (specify)	(<u>22</u> X <u>30</u>)	<u>660</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance	Special Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
MAY 24 2017	Conditional Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
Secretariat Staff	Other: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Date:

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Bill Boister Date: 8-25-16

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: To Agent

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

See box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): (*) **Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures on your Property**
(5) Show: (*) **Well (W): (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): (*) **Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): (*) **Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	55 Feet	Setback from the Lake (ordinary high-water mark)	40 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	20 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	40 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number	# of Bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:		3/23/88	
Permit #: 17-0164		Permit Date: 5-24-17			
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous lots)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Conducted code - looks good		Zoning District (R1)			
Date of Inspection:		Inspected by: [Signature]		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)		Date of Approval: 9-12-16			

Signature of Inspector: [Signature]	Date of Approval: 9-12-16	
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>
Hold For Fees: <input type="checkbox"/>		

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 17-32S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0164** Issued To: **David & Kathleen Boisvert**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **20** Township **44** N. Range **5** W. Town of **Grand View**

Par in

Gov't Lot **12** Lot Block Subdivision CSM#

For: **Residential Addition: [Basement (22' x 30') = 660 sq. ft]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must get UDC.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Josh Rowley

Authorized Issuing Official

May 24, 2017

Date